



The Voice of VA Physicians and Dentists Since 1975

# NEWS

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## Mark-Up of HR 100, HR 712, HR 1647 and HR 2191

**O**n Tuesday, April 30, 2019, Committee on Veterans Affairs Subcommittee on Health, held a legislative hearing on HR 100, HR 712, HR 1647, and HR 2191.

### H. R. 100

To direct the Secretary of Veterans Affairs to conduct an independent review of the deaths of certain veterans by suicide, and for other purposes.

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Veteran Overmedication and Suicide Prevention Act of 2019".

#### SEC. 2. DEPARTMENT OF VETERANS AFFAIRS INDEPENDENT REVIEW OF CERTAIN DEATHS OF VETERANS BY SUICIDE.

(a) Review Required.—

(1) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall seek to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine under which the National Academies shall conduct a review of the deaths of all covered veterans who died by suicide during the five-year period ending on the date of the enactment of this Act, regardless of whether information relating to such deaths has been reported by the Centers for Disease Control and Prevention.

(2) ELEMENTS.—The review required by paragraph (1) shall include the following:

(A) The total number of covered veterans who died by suicide during the five-year period ending on the date of the enactment of this Act.

(B) The total number of covered veterans who died by a violent death during such five-year period.

(C) The total number of covered veterans who died by an accidental death during such five-year period.

(D) A description of each covered veteran described in subparagraphs (A) through (C), including age, gender, race, and ethnicity.

(E) A comprehensive list of prescribed medications and legal or illegal substances as annotated on toxicology reports of covered veterans described in subparagraphs (A) through (C), specifically listing any medications that carried a black box warning, were prescribed for off-label use, were psychotropic, or carried warnings that included suicidal ideation.

(F) A summary of medical diagnoses by physicians of the Department of Veterans Affairs or physicians providing services to covered veterans through programs of the Department that led to the prescribing of medications referred to in subparagraph (E) in cases of post-traumatic stress disorder, traumatic brain injury, military

sexual trauma, and other anxiety and depressive disorders.

(G) The number of instances in which a covered veteran described in subparagraph (A), (B), or (C) was concurrently on multiple medications prescribed by physicians of the Department or physicians providing services to veterans through programs of the Department to treat post-traumatic stress disorder, traumatic brain injury, military sexual trauma, other anxiety and depressive disorders, or instances of comorbidity.

(H) The number of covered veterans described in subparagraphs (A) through (C) who were not taking any medication prescribed by a physician of the Department or a physician providing services to veterans through a program of the Department.

(I) With respect to the treatment of post-traumatic stress disorder, traumatic brain injury, military sexual trauma, or other anxiety and depressive disorders, the percentage of covered veterans described in subparagraphs (A) through (C) who received a non-medication first-line treatment compared to the percentage of such veterans who received medication only.

(J) With respect to the treatment of covered veterans described in subparagraphs (A) through (C) for post-traumatic stress disorder, traumatic brain injury, military sexual trauma, or other anxiety and depressive disorders, the number of instances in which a non-medication first-line treatment (such as cognitive behavioral therapy) was attempted and determined to be ineffective for such a veteran, which subsequently led to the prescribing of a medication referred to in subparagraph (E).

(K) A description and example of how the Department determines and continually updates the clinical practice guidelines governing the prescribing of medications.

(L) An analysis of the use by the Department, including protocols or practices at medical facilities of the Department, of systematically measuring pain scores during clinical encounters under the Pain as the 5th Vital Sign Toolkit of the Department and an evaluation of the relationship between the use of such measurements and the number of veterans concurrently on multiple medications prescribed by physicians of the Department.

(M) A description of the efforts of the Department to maintain appropriate staffing levels for mental health professionals, such as mental health counselors, marriage and family therapists, and other appropriate counselors, including—

(i) a description of any impediments to carry out the education, training, and hiring of mental health counselors and marriage and family therapists under section

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## The President's Corner

Samuel V. Spagnolo, MD

continue to meet regularly with those in power in this city, not just to give them general information or white papers, but also to give them the details and nuances not otherwise reported regarding the issues related to this new VA model.

NAVAPD has been meeting with members of Congress, and will continue to do so, in order to explain how current and proposed legislation will affect the way the Department of Veterans Affairs functions, how the legislation will affect the care we can give to our nation's veterans, and how it will affect people like you and me.

One of our continuing accomplishments, for example, has a direct impact on your very own paycheck: NAVAPD has been instrumental in every single pay raise for every VA physician and dentist in the last 40+ years. Every single one: and we will continue to focus on related pay issues in order to recruit and retain the best professional.

Just as our veterans need to be protected, properly cared for, and

represented in Washington, so do those who care for them – physicians and dentists and caregivers like you and me.

This is why I want to ask you to join NAVAPD today. Your membership will not only help us provide the representation you need in Washington, but it will also help us provide that representation more effectively.

You see, the more we can show that VA caregivers like you support our efforts, the more likely it is that people in power – will stand up and take notice.

Be assured, NAVAPD will not only represent you in this constantly changing city of Washington, D.C., we will also keep you fully informed as to our progress. Additionally, we want to hear your thoughts and ideas that is why we created this new interactive website (<http://www.NAVAPD.org>) that will allow you to communicate directly with the NAVAPD leadership and with other NAVAPD members.

Thank you for all you do for our veterans. ☺

**A** friend recently reminded me that there are very few things about Washington that never change and one of them is that Washington is always changing. In keeping with that message for me my time at the VA DC Medical Center has now come to an end.

Some of the events related to this event are noted in this issue of the newsletter. Although I will miss all my friends at the medical center, I will also miss my patients, some more than others; it is not a sad event; I would rather think of it as a time to say “Job Well Done”, I gave it my best, so it is time to move on to other things.

But one of the few things in this city that does not change is the commitment that we here at the National Association of Veterans Affairs Physicians and Dentists (NAVAPD) have made on behalf of your interests and your dedication to the care of our Nations Veterans.

And today – **44 years after our founding** – NAVAPD remains committed to improving both the quality and cost-effectiveness of patient care, promoting adequate funding of the VA's research and education program, and fostering the incentives to recruit and retain the best clinicians and researchers.

Let me give you an example of how NAVAPD will be working for you in the year ahead: VA Health Care Reform is once again upon us and in June the “New Community Care” program will begin and no one really knows what impact this will have on altering the demand for VA care. I can assure you I will



VA Secretary Robert Wilkie recognizes NAVAPD President Samuel Spagnolo On Retirement After 50 Years in the VA.

## Mark-Up of Multiple Bills (con't.)

### (Continued from page 1)

7302(a) of title 38, United States Code, and strategies for addressing those impediments;

(ii) a description of the objectives, goals, and timing of the Department with respect to increasing the representation of such counselors and therapists in the behavioral health workforce of the Department, including—

(I) a review of eligibility criteria for such counselors and therapists and a comparison of such criteria to that of other behavioral health professions in the Department; and

(II) an assessment of the participation of such counselors and therapists in the mental health professionals trainee program of the Department and any impediments to such participation;

(iii) an assessment of the development by the Department of hiring guidelines for mental health counselors, marriage and family therapists, and other appropriate counselors;

(iv) a description of how the Department—  
(I) identifies gaps in the supply of mental health professionals; and  
(II) determines successful staffing ratios for mental health professionals of the Department;

(v) a description of actions taken by the Secretary, in consultation with the Director of the Office of Personnel Management, to create an occupational series for mental health counselors and marriage and family therapists of the Department and a timeline for the creation of such an occupational series; and

(vi) a description of actions taken by the Secretary to ensure that the national, regional, and local professional standards boards for mental health counselors and marriage and family therapists are comprised of only mental health counselors and marriage and family therapists and that the liaison from the Department to such boards is a mental health counselor or marriage and family therapist.

(N) The percentage of covered veterans described in subparagraphs (A) through (C) with combat experience or trauma related to combat experience (including military sexual trauma, traumatic brain injury, and post-traumatic stress).

(O) An identification of the medical facilities of the Department with markedly high prescription rates and suicide rates for veterans receiving treatment at those facilities.

(P) An analysis, by State, of programs of the Department that collaborate with State Medicaid agencies and the Centers for Medicare and Medicaid Services, including the following:

(i) An analysis of the sharing of prescription and behavioral health data for veterans.

(ii) An analysis of whether Department staff check with State prescription drug monitoring programs before prescribing medications to veterans.

(iii) A description of the procedures of the Department for coordinating with prescribers outside of the Department to ensure that veterans are not overprescribed.

(iv) A description of actions that the Department takes when a veteran is determined to be overprescribed.

(Q) An analysis of the collaboration of medical centers of the Department with medical examiners' offices or local jurisdictions to determine veteran mortality and cause of death.

(R) An identification and determination of a best practice model to collect and share veteran death certificate data between the Department of Veterans Affairs, the Department of Defense, States, and tribal entities.

(S) A description of how data relating to death certificates of veterans is collected, determined, and reported by the Department of Veterans Affairs.

(T) An assessment of any patterns apparent to the National Academies of Sciences, Engineering, and Medicine based on the review conducted under paragraph (1).

(U) Such recommendations for further action that would improve the safety and well-being of veterans as the National Academies of Sciences, Engineering, and Medicine determine appropriate.

(3) COMPILATION OF DATA.—

(A) FORM OF COMPILATION.—The Secretary of Veterans Affairs shall ensure that data compiled under paragraph (2) is compiled in a manner that allows it to be analyzed across all data fields for purposes of informing and updating clinical practice guidelines of the Department of Veterans Affairs.

(B) COMPILATION OF DATA REGARDING COVERED VETERANS.—In compiling data under paragraph (2) regarding covered veterans described in subparagraphs (A) through (C) of such paragraph, data regarding veterans described in each such subparagraph shall be compiled separately and disaggregated by year.

(4) COMPLETION OF REVIEW AND REPORT.

—The agreement entered into under paragraph (1) shall require that the National Academies of Sciences, Engineering, and Medicine complete the review under such paragraph and submit to the Secretary of Veterans Affairs a report containing the results of the review not later than 180 days after entering into the agreement.

(b) Report.—Not later than 30 days after the completion by the National Academies of Sciences, Engineering, and Medicine of the review required under subsection (a), the Secretary of Veterans Affairs shall—

(1) submit to the Committee on Veterans' Affairs of the Senate and the Committee on

Veterans' Affairs of the House of Representatives a report on the results of the review; and

(2) make such report publicly available.

(c) Definitions.—In this section:

(1) The term "black box warning" means a warning displayed on the label of a prescription drug that is designed to call attention to the serious or life-threatening risk of the prescription drug.

(2) The term "covered veteran" means a veteran who received hospital care or medical services furnished by the Department of Veterans Affairs during the five-year period preceding the death of the veteran.

(3) The term "first-line treatment" means a potential intervention that has been evaluated and assigned a high score within clinical practice guidelines.

(4) The term "State" means each of the States, territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

### H. R. 712

To direct the Secretary of Veterans Affairs to carry out a clinical trial of the effects of cannabis on certain health outcomes of adults with chronic pain and post-traumatic stress disorder, and for other purposes.

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "VA Medicinal Cannabis Research Act of 2019".

#### SEC. 2. DEPARTMENT OF VETERANS AFFAIRS CLINICAL TRIAL OF THE EFFECTS OF CANNABIS ON CERTAIN HEALTH OUTCOMES OF ADULTS WITH CHRONIC PAIN AND POST-TRAUMATIC STRESS DISORDER.

(a) Clinical Trial Required.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall carry out a double-blind randomized controlled clinical trial of the effects of medical-grade cannabis on the health outcomes of covered veterans diagnosed with chronic pain and covered veterans diagnosed with post-traumatic stress disorder.

(2) REQUIRED ELEMENTS.—The clinical trial required by paragraph (1) shall include—

(A) with respect to covered veterans diagnosed with chronic pain, an evaluation of the effects of the use of cannabis on—

(i) neuropathic pain (including pain intensity and pain-related outcomes);

(ii) the reduction or increase in opioid use or dosage;

(iii) the reduction or increase in benzodiazepine use or dosage;

(iv) the reduction or increase in alcohol use;

(v) inflammation;

(vi) sleep quality;

(vii) spasticity;

(viii) agitation; and

(Continued on page 4)

## Mark-Up of Multiple Bills (con't.)

### (Continued from page 3)

(ix) quality of life; and  
 (B) with respect to covered veterans diagnosed with post-traumatic stress disorder (PTSD), an evaluation of the effects of the use of cannabis on—  
 (i) the symptoms of PTSD (based on the Clinician Administered PTSD Scale, the PTSD checklist, the PTSD symptom scale, the posttraumatic diagnostic scale, and other applicable methods of evaluating PTSD symptoms);  
 (ii) the reduction or increase in benzodiazepine use or dosage;  
 (iii) the reduction or increase in alcohol use;  
 (iv) mood;  
 (v) anxiety;  
 (vi) social functioning;  
 (vii) agitation;  
 (viii) suicidal ideation; and  
 (ix) sleep quality, including frequency of nightmares and night terrors.  
 (3) OPTIONAL ELEMENTS.—The clinical trial required by paragraph (1) may include an evaluation of the effects of the use of cannabis to treat chronic pain and PTSD on—  
 (A) pulmonary function;  
 (B) cardiovascular events;  
 (C) head, neck, and oral cancer;  
 (D) testicular cancer;  
 (E) ovarian cancer;  
 (F) transitional cell cancer;  
 (G) motor vehicle accidents;  
 (H) mania;  
 (I) psychosis;  
 (J) cognitive effects; or  
 (K) cannabinoid hyperemesis syndrome.  
 (b) Covered Veterans.—In this section, the term “covered veteran” means a veteran who is enrolled in the patient enrollment system of the Department of Veterans Affairs under section 1705 of title 38, United States Code.  
 (c) Long-Term Observational Study.—The Secretary may carry out a long-term observational study of the participants in the clinical trial required under subsection (a).  
 (d) Type Of Cannabis.—In carrying out the clinical trial required by subsection (a), the Secretary shall study—  
 (1) varying forms of cannabis, including—  
 (A) full plants and extracts; and  
 (B) at least three different strains of cannabis with significant variants in phenotypic traits and various ratios of tetrahydrocannabinol and cannabidiol in chemical composition; and  
 (2) varying methods of cannabis delivery, including combustible and non-combustible inhalation and ingestion.  
 (e) Use Of Control And Experimental Groups.—The clinical trial required by subsection (a) shall include both a control group and an experimental group which shall—  
 (1) be of similar size and structure; and

(2) represent the demographics of the veteran population, as determined by the most recent data from the American Community Survey that is available prior to the commencement of the clinical trial.

(f) Data Preservation.—The clinical trial required by subsection (a) shall include a mechanism to ensure the preservation of all data, including all data sets, collected or used for purposes of the research required by subsection (a) in a manner that will facilitate further research.

(g) Implementation.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall—

(1) develop a plan to implement this section and submit such plan to the Committees on Veterans’ Affairs of the House of Representatives and the Senate; and

(2) issue any requests for proposals the Secretary determines appropriate for such implementation.

(h) Effect On Other Benefits.—The eligibility or entitlement of a covered veteran to any other benefit under the laws administered by the Secretary or any other provision of law shall not be affected by the participation of the covered veteran in a clinical trial or study under this section.

(i) Reports.—During the five-year period beginning on the date of the enactment of this Act, the Secretary shall submit periodically, but not less frequently than annually, to the Committees on Veterans’ Affairs of the House of Representatives and the Senate reports on the implementation of this section.

### H. R. 1647

To authorize Department of Veterans Affairs health care providers to provide recommendations and opinions to veterans regarding participation in State marijuana programs.

#### SECTION 1. SHORT TITLE.

This Act may be cited as the “Veterans Equal Access Act”.

#### SEC. 2. PROVISION BY DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROVIDERS OF RECOMMENDATIONS AND OPINIONS REGARDING VETERAN PARTICIPATION IN STATE MARIJUANA PROGRAMS.

(a) In General.—Notwithstanding any other provision of law, the Secretary of Veterans Affairs shall authorize physicians and other health care providers employed by the Department of Veterans Affairs to—

(1) provide recommendations and opinions to veterans who are residents of States with State marijuana programs regarding the participation of veterans in such State marijuana programs; and  
 (2) complete forms reflecting such recommendations and opinions.

(b) State Defined.—In this section, the term “State” means each of the several States,

the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, and each federally recognized Indian Tribe.

### H. R. 2191

To prohibit the Secretary of Veterans Affairs from denying a veteran benefits administered by the Secretary by reason of the veteran participating in a State-approved marijuana program, and for other purposes.

#### SECTION 1. SHORT TITLE.

This Act may be cited as the “Veterans Cannabis Use for Safe Healing Act”.

#### SEC. 2. VETERAN PARTICIPATION IN STATE-APPROVED MARIJUANA PROGRAMS.

(a) Provision Of Benefits.—Notwithstanding any other provision of law, the Secretary of Veterans Affairs may not deny a veteran any benefit under the laws administered by the Secretary by reason of the veteran participating in a State-approved marijuana program.

(b) Consultation.—With respect to a veteran who is enrolled in the system of patient enrollment under section 1705 of title 38, United States Code, and participates in a State-approved marijuana program, the Secretary shall ensure that physicians and other health care providers of the Veterans Health Administration—

(1) discuss marijuana use with the veteran and adjust medical treatment plans accordingly; and

(2) record such use in the medical records of the veteran.

(c) Provision Of Information.—

Notwithstanding any other provision of law, the Secretary shall authorize physicians and other health care providers of the Veterans Health Administration of the Department of Veterans Affairs to—

(1) provide recommendations and opinions to veterans who are residents of States with State-approved marijuana programs regarding the participation of veterans in such programs; and

(2) complete forms reflecting such recommendations and opinions.

(d) Definitions.—In this section:

(1) The term “marijuana” has the meaning given the term “marihuana” in section 102 of the Controlled Substances Act (21 U.S.C. 802).

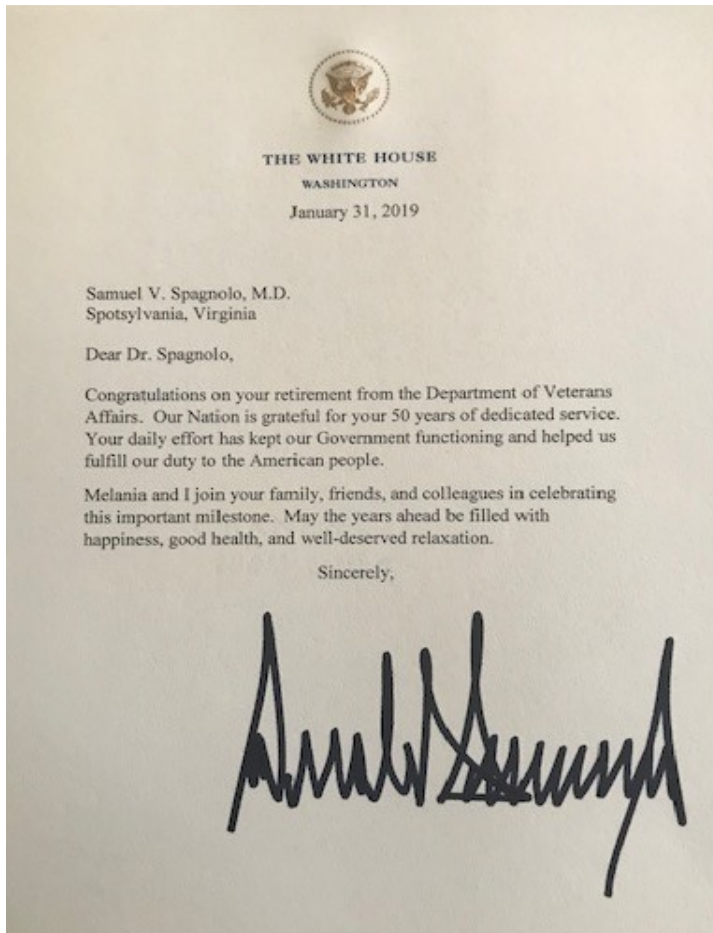
(2) The term “State” has the meaning given that term in section 101 of title 38, United States Code.

## NAVAPD President Retires from VA with 50+ Years of Service

**O**n January 31, 2019, an era ended at the Washington DC Veterans Affairs Medical Center. Samuel V. Spagnolo, Senior Attending physician in Pulmonary Medicine and Medical Director of Respiratory Therapy, retired after fifty-two years of federal service, fifty of those occurring at this VA facility, following two years on active duty with United States Public Health Service during the build up for the war in Vietnam.

During his fifty years at the DC VA Medical Center, Dr. Spagnolo served as Chief of Pulmonary Medicine (1976-1993), and served as Chief of Staff. He was the Medical Director for Respiratory Therapy for decades. He also began the Division of Pulmonary Diseases at George Washington University and served as Division Director for nearly twenty years.

As a clinician, Dr. Spagnolo has a worldwide reputation as a therapist and consultant. In 1981, he served as the medical chest consultant in the care of



President Ronald Reagan following the attempted assassination. His involvement was reviewed in *Mortal Presidency* by Robert Gilbert, Basic Books, New York, NY, 1992 and more recently on Fox Sunday News <http://video.foxnews.com/v/2268285198001/untold-story-of-how-a-doctor-saved-ronald-reagans-life/> or <http://www.youtube.com/watch?v=zFAhctr6vxY>.

As a medical consultant, he has served an international patient community. He also served as a consultant to the White House physicians, Drs. Burton Lee and Lawrence Mohr, Jr. during the presidency of George Bush. He has personally directed the training of over 100 pulmonary specialists and critical care specialists.

Dr. Spagnolo was one of the founders of NAVAPD in 1975. He also founded the Foundation for Veterans Health Care in 1997. He is married to the Hon. Dorcas R. Hardy, former Commissioner of Social Security. ☒



## Changes to Members on the House Veterans Affairs Committee

**W**ith the change from Republican to Democratic majority, the Chairmanships for committees shift to the Democrats. The most senior Republican becomes the Ranking Member.

Representative Mark Takano (CA) became Chairman of the House Veterans Affairs Committee during the 116<sup>th</sup> Congress. Representative Julia Brownley (CA), Representative Kathleen Rice (NY) and Representative Conor Lamb (PA) have remained on the Committee. The following is brief biographical information on the new members of the House Veterans Affairs Committee: LEVIN, Mike, a Representative from California; born on October 20, 1978; graduated from Loyola High School, Los Angeles, Calif., 1997; B.A., Stanford University, Stanford, Calif., 2001; J.D., Duke University, Raleigh, N.C., 2005; lawyer, private practice; business executive; elected as a Democrat to the One Hundred Sixteenth Congress (January 3, 2019-present).

ROSE, Max, a Representative from New York; born in Brooklyn, Kings County, N.Y., November 28, 1986; graduated from Poly Prep Country Day School, Brooklyn, N.Y., 2004; B.A., Wesleyan University, Middletown, Conn., 2008; M.A., London School of Economics, London, England, 2009; attended Oxford University, Oxford, England; United States Army, 2010-2014; New York Army National Guard, 2014-present; staff, Brooklyn, N.Y. district attorney; nonprofit executive; elected as a Democrat to the One Hundred Sixteenth Congress (January 3, 2019-present).

BRINDISI, Anthony, a Representative from New York; born in Utica, Oneida County, N.Y., November 22, 1978; graduated from Notre Dame High School, Utica, N.Y., 1996; B.A., Siena College, Loudonville, N.Y., 2000; J.D., Albany Law School of Union University, Albany, N.Y., 2004; lawyer, private practice; member, Utica school board, 2009-2012; member, New York state assembly, 2012-2018; elected as a Democrat to the One Hundred Sixteenth Congress (January 3, 2019-present).

CISNEROS, Gil, a Representative from

California; born on February 12, 1971; B.A., George Washington University, Washington, D.C.; M.B.A., Regis University, Denver, Colo.; M.A., Brown University, Providence, R.I., 2015; United States Navy, 1994-2004; corporate manager; non-profit executive; elected as a Democrat to the One Hundred Sixteenth Congress (January 3, 2019-present).

LEE, Susie, a Representative from Nevada; born in Canton, Stark County, Ohio, November 7, 1966; graduated from McKinley High School, Canton, Ohio; B.A., Carnegie Mellon University, Pittsburgh, Pa., 1989; M.P.M., Carnegie Mellon University, Pittsburgh, Pa., 1990; nonprofit executive; elected as a Democrat to the One Hundred Sixteenth Congress (January 3, 2019-present).

UNDERWOOD, Lauren, a Representative from Illinois; born in Mayfield Heights, Cuyahoga County, Ohio, October 4, 1986; graduated Neuqua Valley High School, Naperville, Ill., 2004; B.S.N., University of Michigan, Ann Arbor, Mich., 2008; M.S.N./M.P.H., Johns Hopkins University, Baltimore, Md., 2009; nurse; professor; senior advisor, United States Department of Health and Human Services, 2014-2017; elected as a Democrat to the One Hundred Sixteenth Congress (January 3, 2019-present).

CUNNINGHAM, Joe, a Representative from South Carolina; born in Caldwell County, Ky., May 26, 1982; graduated from Lyon County High School, Ed-dyville, Ky., 2000; attended College of Charleston, Charleston, S.C., 2000-2002; B.S., Florida Atlantic University, Boca Raton; Fla., 2005; J.D., Northern Kentucky University, Highland Heights, Ky., 2014; ocean engineer; lawyer; business owner; elected as a Democrat to the One Hundred Sixteenth Congress (January 3, 2019-present).

LURIA, Elaine, a Representative from Virginia; born in Birmingham, Jefferson County, Ala., August 15, 1975; B.S., United States Naval Academy, Annapolis, Md., 1997; attended United States Naval Nuclear Power School, Goose Creek, S.C., 2000; M.S., Old Dominion University, Norfolk, Va., 2004; United

States Navy, 1997-2017; small business owner; elected as a Democrat to the One Hundred Sixteenth Congress (January 3, 2019-present).

PAPPAS, Chris, a Representative from New Hampshire; born in Manchester, Hillsborough County, N.H., June 4, 1980; graduated from Manchester Central High School, Manchester, N.H., 1998; A.B., Harvard University, Cambridge, Mass., 2002; restaurant manager; member of the New Hampshire state house of representatives, 2003-2007; Hillsborough County, N.H., treasurer, 2007-2011; member of the New Hampshire executive council, 2013-2019; elected as a Democrat to the One Hundred Sixteenth Congress (January 3, 2019-present).

ALLRED, Colin, a Representative from Texas; born in Dallas, Dallas County, Tex., April 15, 1983; graduated from Hillcrest High School, Dallas, Tex., 2001; B.A., Baylor University, Waco, Tex., 2005; J.D., University of California, Berkeley, Calif., 2014; professional athlete; nonprofit executive; lawyer; staff, United States Department of Housing and Urban Development, 2016-2017; elected as a Democrat to the One Hundred Sixteenth Congress (January 3, 2019-present).

PETERSON, Collin Clark, a Representative from Minnesota; born in Fargo, Cass County, N.D., June 29, 1944; B.A., Moorhead State University, Moorhead, Minn., 1966; United States Army National Guard, 1963-1969; certified public accountant; member of the Minnesota state senate, 1977-1986; unsuccessful candidate for election to the Ninety-ninth Congress in 1984 and to the One Hundredth Congress in 1986; unsuccessful candidate for nomination to the One Hundred First Congress in 1988; elected as a Democrat to the One Hundred Second and to the fourteen succeeding Congresses (January 3, 1991-present); chair, Committee on Agriculture (One Hundred Tenth, One Hundred Eleventh, and One Hundred Sixteenth Congresses).

SABLAN, Gregorio Kilili Camacho, a Delegate from the Northern Mariana

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## Members of the 2019 House Veterans Affairs Committee (con't.)

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Islands; born in Saipan, Northern Mariana Islands, January 19, 1955; graduated from Marianas High School, Susupe, Northern Mariana Island, 1972; attended University of Hawaii, Manoa, Hawaii, 1989-1990; United States Army, 1981-1986; staff, United States Senator Daniel Inouye of Hawaii; member of the Northern Mariana Islands house of representatives, 1982-1986; elected as an Independent to the One Hundred Eleventh Congress (January 3, 2009-February 23, 2009); changed from an Independent to a Democrat on February 23, 2009; elected as a Democrat to the One Hundred Twelfth and to the four succeeding Congresses (February 23, 2009-present).

Representative Dr. Phil Roe (TN) became the ranking member of the House Veterans Affairs Committee during the 116<sup>th</sup> Congress. Representatives Gus Bilirakis (FL), Amata Coleman Radewagen (American Samoa), Mike Bost (IL), Dr. Neal Dunn (FL), Jack Bergman (MI), and Jim Banks (Ind) have remained on the Committee.

The following is brief biographical information on the new members of the House Veteran Affairs Committee: BARR, Garland H. (Andy) IV, a Representative from Kentucky; born in Lexington, Fayette County, Ky., July 24, 1973; graduated from Henry Clay High School, Lexington, Ky., 1992; B.A., University of Virginia, Charlottesville, Va., 1996; J.D., University of Kentucky, Lexington, Ky., 2001; lawyer, private prac-

tice; staff, United States Representative Jim Talent, 1996-1998; instructor, Morehead State University, Morehead, Ky.; unsuccessful candidate for election to the One Hundred Twelfth Congress in 2010; elected as a Republican to the One Hundred Thirteenth and to the three succeeding Congresses (January 3, 2013-present).

MEUSER, Dan, a Representative from Pennsylvania; born on February 10, 1964; attended New York Maritime University (now SUNY Maritime College), Bronx, N.Y.; graduated from Cornell University, Ithaca, N.Y., 1988; entrepreneur; business executive; unsuccessful candidate for nomination to the One Hundred Eleventh Congress in 2008; Pennsylvania state secretary of revenue, 2011-2015; elected as a Republican to the One Hundred Sixteenth Congress (January 3, 2019-present).

ROY, Charles, a Representative from Texas; born in Bethesda, Montgomery County, Md., August 7, 1972; graduated from Loudon Valley High School, Purcellville, Va., 1990; B.S., University of Virginia, Charlottesville, Va., 1994; M.S., University of Virginia, Charlottesville, Va., 1995; J.D., University of Texas, Austin, Tex., 2003; banking executive; staff, United States Senator John Cornyn of Texas, 2002-2006; special assistant district attorney for the United States Attorney for the Eastern District of Texas; staff, Governor Rick Perry of Texas; director, Texas office of state-federal relations, 2011-2012; staff, United States Senator Ted Cruz of

Texas, 2012-2014; first assistant attorney general, office of the attorney general, state of Texas, 2014-2016; professional advocate; nonprofit executive; elected as a Republican to the One Hundred Sixteenth Congress (January 3, 2019-present).

STEUBE, William, a Representative from Florida; born in Bradenton, Manatee County, Fla., May 19, 1978; graduated from Southeast High School, Bradenton, Fla., 1996; B.A., University of Florida, Gainesville, 2000; J.D., University of Florida, Gainesville, Fla., 2003; United States Army, 2004-2008; member of the Florida state house of representatives, 2010-2016; member of the Florida state senate, 2016-2018; elected as a Republican to the One Hundred Sixteenth Congress (January 3, 2019-present).

WATKINS, Steve, a Representative from Kansas; born at Lackland Air Force Base, San Antonio, Bexar County, Texas, September 18, 1976; graduated from Topeka West High School, Topeka, Kans., 1995; B.S., United States Military Academy, West Point, N.Y., 1995; M.S.R.E.D., Massachusetts Institute of Technology, Cambridge, Mass., 2010; M.C./M.P.A., Harvard University, Cambridge, Mass., 2017; United States Army, 1994-2004; independent contractor, United States Department of Defense; business consultant; elected as a Republican to the One Hundred Sixteenth Congress (January 3, 2019-present). ✕

## NAVAPD Changes Bylaws

The NAVAPD Board of Directors recently approved changes to the NAVAPD Bylaws to allow Retired members to serve on the Board of Directors:

### ARTICLE 3: MEMBERSHIP AND DUES

Section 3.1 Membership Classes. NAVAPD shall have four (4) membership classes – **Active Members**, **Associate Members**, **Lifetime Members**, and **Retired Members** – as defined below. The Board may define such additional classes as it determines would be useful in pursuing the organization's tax-exempt purposes.

3.1.1 Active Members. Any physician or dentist who is **or has been** in the full-time, part-time, or

temporary employ of the VA shall be eligible to be a Member.

3.1.2 Associate Members. Any physician or dentist who is not eligible to be an Active Member shall be eligible to be an Associate Member.

3.1.3 Lifetime Members. Any physician or dentist who is or has been in the full-time, part-time, or temporary employ of the VA, whether or not now retired, may enjoy the benefits of membership for life by paying the then current dues rate for Lifetime Members. The Board may bestow a Lifetime Membership on anyone eligible to be a Member or Retired Member.

3.1.4 Retired Members. Any physician or dentist who was in the full-time, part-time, or temporary employ of the VA and is now retired shall be eligible to be a Retired Member.

### ARTICLE 5: BOARD OF DIRECTORS

Section 5.1 Powers, Numbers, Terms, and Vacancies.

5.1.1 Power and Qualifications. The business, property and affairs of NAVAPD shall be controlled and managed by its Board of Directors. Each Director must at all times be an Active Member, **Lifetime Member, or Retired Member of NAVAPD and a physician or dentist in the employ of the VA**. The Board shall act by majority vote. In addition to the powers and authorities expressly conferred upon them by these Bylaws, the Board of Directors may exercise all such powers of the corporation and do all such lawful acts and things as are permitted or required by statute, or by the Articles of Incorporation.

**National Association of VA Physicians and Dentists**  
**P.O. Box 15418**  
**Arlington, VA 22215**

**Phone: (866) 836-3520**



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**NAVAPD News is a publication of the National Association of Veterans Affairs Physicians and Dentists. Opinions expressed in articles are those of the author(s) and not necessarily those of NAVAPD.**

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## **NAVAPD's Mission and Principles**

### *Mission*

**N**AVAPD is dedicated to the principle that this nation's veterans, as a result of their service to our country's Armed Forces, have earned an entitlement to quality health care to meet their needs as they become sick or injured. The Department of Veterans Affairs ("VA") is that agency of government obligated to honor the Nation's contract with its deserved Veterans.

NAVAPD has as its highest priority the preservation and strengthening of the VA health care system, so that it stands ever ready to give our veterans quality medical care equal to or better than that which can be obtained elsewhere in our society.

Just as VA doctors care for those who have served, they also stand ready to treat the military and civilian casualties of future conflicts and non-military disasters.

VA health care facilities are a principal element in our national security and in our national defense, representing as they do a vast resource to back up the limited capabilities of our military hospitals.

### *Guiding Principles*

NAVAPD shall function as the official professional organization of the VA physicians and dentists at all levels in the VA Health Care system, from the local health care facilities through VISNs to the national level.

NAVAPD shall cooperate to the maximum extent possible with official representatives of the VA, to the end that the best possible health care is provided to veteran beneficiaries.

NAVAPD shall endeavor to ensure that qualified physicians and dentists are recruited into the VA Health Care system and retained therein.

## **Officers/Directors**

### *President:*

Samuel V. Spagnolo, M.D.  
Washington, DC

### *Vice President:*

Cynthia L. Gibert, M.D.  
Washington, DC

### *Secretary:*

Ronald J. Gurrera, M.D.  
Boston, MA

### *Treasurer & Director of Dental Affairs:*

Joseph Abate, D.M.D.  
Miami, FL

### *Directors:*

Pamela E. Karasik, M.D.  
Washington, DC

Remberto Rodriguez, M.D.  
Miami, FL

Stephen Vaughn, M.D.  
Albuquerque, NM

Stephen P. Rosenthal, M.D.  
Miami, FL

Jill Wruble, D.O.  
West Haven, CT